

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030282

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7813

STATE FILE NUMBER

FILED AUG 15 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
4 1/2 yrc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Little Sisters of the PoorInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. Louis,Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS 3225 N. FlorissantReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
WilliamMiddle
F.Last
Mertens4. DATE
OF
DEATHMonth
JulyDay
30Year
19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/10/789. AGE (last birthday)
85IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Fred J. Mertens

13b. MOTHER'S MAIDEN NAME

Wilhelmina Whechter

14. NAME OF HUSBAND OR WIFE

Annie De Potter Mertens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mildred Mertens Shaner 8417 S 4th Ave
Birmingham, Ala.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Shock resulting from hemorrhage into the thoracic
cavities, resulting from a rupture of the heart and the aorta;
Coronary artery disease - fracture of the left elbow and left forearm;
Deceased in fall from window to ground below at 3225 N. Florissant
on 8-10-63 about 2:25 A.M. with other accidental onPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not listed in the terminal
disease cause in Part I (a)
OPEN VERDICT 978XPART III. If deceased was female was
there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐
OPEN VERDICT

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF
INJURY Hour Month, Day, Year
2:25 p.m. 7-30-6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Home20f. CITY, TOWN, OR LOCATION
at Louis, Mo

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____.
Death occurred at _____, on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor Conover

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

7-31-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
8/1/6323c. NAME OF CEMETERY OR CREMATORY
Sunset Burial Park23d. LOCATION (City, town, or county)
St. Louis, County Missouri

(State)

24. FUNERAL DIRECTOR

Arthur J. Donnelly

ADDRESS

3840 Lindell Blvd

25. DATE REC'D. BY LOCAL REG.

JUL 31 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK
OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Francis Williamson

Licensed Embalmer No.

3565

P. O. Address

3840 Lindale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.